MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2		/					52						
3		/					53						
4		/					54						
5		/					55						
6		/					56						
7		/					57						
8		/					58						
9		/					59						
10		/					60						
11		/					61						
12		/					62						
13		/					63						
14							64						
15		/					65						
16		/					66						
17		/					67						
18		/					68						
19		/					69						
20		/					70						
21		/					71						
22		/					72						
23		/					73						
24		/					74						
25		/					75						
26							76						
27		/					77						
28							78						
29		\					79						
30		/					80						
31		/					81						
32		/					82						
33		\					83						
34		\					84						
35		/					85						
36		\					86						
37		/					87						
38		\					88						
39		/					89						
40		\					90						
41		\					91						
42		\					92						
43		/					93						
44		\					94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	5						TOTAL IND.						
TOTAL DEP.	39						TOTAL DEP.						
TOTAL CLAIMS	44						TOTAL CLAIMS						

*MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS